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CONFIRMATION NO. 4263

<b>SERIAL NUMBER</b> 10735,975	<b>FILING OR 371(c) DATE</b> 12/15/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> TRAUMA 3.0-449	
<b>APPLICANTS</b> Nils Zander, Eckernforde, GERMANY; Axel Cremer, Fahrenkrog, GERMANY; Michael Seemann, Altenholz, GERMANY;					
<b>** CONTINUING DATA *****</b> None. AX 9/16/06					
<b>** FOREIGN APPLICATIONS *****</b> OK. AX 9/16/06 GERMANY 20219683.6 12/19/2002					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 03/23/2004</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Amundtsen Lamas</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 24	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 000530					
<b>TITLE</b> Osteosynthetic aid					
<b>FILING FEE RECEIVED</b> 1058	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		